

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/01/04 6.31  
APPLICANT(S)

CLAIMS

	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4						
5						
6	1					
7		1				
8	1					
9		1				
10						
11						
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28						
29						
30						
31	1					
32						
33						
34						
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.		13				
TOTAL CLAIMS	20					

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS